

## APPLICATION FOR LICENSE FOR CHARITABLE ORGANIZATION

**A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO THE INTENDED START OF LICENSE OR BEFORE THE EXPIRATION OF YOUR CURRENT LICENSE.**

### GENERAL ORGANIZATION INFORMATION

1. Organization's Federal Employer Identification No. \_\_\_\_\_
2. Organization's Name: \_\_\_\_\_ **ORG-** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_
3. Organization's Physical Location: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
List any other Charitable Organizations that are operated from this physical location:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Does your organization have offices in any other county(ies)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If 'Yes,' please provide the following for each office (*attach additional sheets, if necessary*).  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_  
Date organization was established in the county: \_\_\_\_\_  
Name of any other businesses or charitable organizations that are operated from that location:  
\_\_\_\_\_  
\_\_\_\_\_



## ORGANIZATIONAL STRUCTURE

5. **Does your organization have a 501(c) designation from the Internal Revenue Service?**

(This also includes organizations that are covered by a *Group Ruling*.)

Yes \_\_\_\_\_

No \_\_\_\_\_

If 'Yes,' provide a copy of the acknowledgment letter from the IRS.  
& check what type

☐ 501(c) 3

☐ 501(c) 4

☐ 501(c) 8

☐ 501(c) 10

☐ 501(c) 19

OR

Is your organization a *Common School* as defined in KRS 158.030, an *Institution of Higher Education* as defined in KRS 164A.305, or a *State College or University* as provided for in KRS 164.290? (NOTE: Does not include PTA, PTO or Boosters)

Yes \_\_\_\_\_

No \_\_\_\_\_

If 'Yes,' omit Questions 8, 9, 10a, 10b and 10c

*If you have answered 'No,' to both of the questions listed above, your organization is currently ineligible for a Charitable Gaming License – DO NOT CONTINUE FURTHER WITH THIS APPLICATION.*

6. **Date organization was established in Kentucky:** \_\_\_\_\_  
(month) (year)

7a. **County in which charitable gaming will be conducted:** \_\_\_\_\_

7b. **Date office was established in the county in which charitable gaming will be conducted:**

\_\_\_\_\_  
(month) (year)

8. **Provide a copy of the organization's *Articles of Incorporation*.**

(The charitable purpose **must be** outlined within the *Articles*)

OR

**If the organization is not currently incorporated or the charitable purposes are not outlined within the *Articles*, provide a statement of the charitable purpose(s) for which the organization was established:**

Statement of Purpose defined below: \_\_\_\_\_

*Articles of Incorporation* attached \_\_\_\_\_  
or are on file

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9. **Provide a copy of the organization's *Bylaws*.**

(The organizational structure and management must be outlined within the *Bylaws*.)

OR

**If the organization does not have *Bylaws*, provide a statement describing organizational structure and management:**

Statement of Organizational Structure  
and Management defined below: \_\_\_\_\_

Bylaws attached \_\_\_\_\_  
or are on file

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## ORGANIZATION REVENUES/EXPENDITURES

**NOTE:** In lieu of the information requested below, attach a detailed annual financial statement that contains the required information.

10a. **Provide details below of how the organization made money.**

- For New Applications, provide information for the last three (3) prior calendar years.
- For Renewal Applications, without a break in licensing, provide information for one (1) prior calendar year.
- For Renewal Applications, with a break in licensing, provide information for three (3) prior calendar years.

TYPE OF REVENUE	AMOUNT 1 YEAR PRIOR	AMOUNT 2 YEARS PRIOR	AMOUNT 3 YEARS PRIOR
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10b. **Provide details below of how the organization spent money toward their charitable purpose.**

- For New Applications, provide information for three (3) prior calendar years.
- For Renewal Applications, without a break in licensing, provide information for one (1) prior calendar year.
- For Renewal Applications, with a break in licensing, provide information for three (3) prior calendar years.

TYPE OF EXPENDITURE	AMOUNT 1 YEAR PRIOR	AMOUNT 2 YEARS PRIOR	AMOUNT 3 YEARS PRIOR
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

10c. **Provide the account balance for each of the following accounts, as shown on the December bank statement for the previous calendar year.**

General/Operational Account \_\_\_\_\_

Charitable Gaming Account \_\_\_\_\_

## GAMING INFORMATION

11a. Does your organization plan to conduct bingo? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, continue with Question 12.

### First Bingo Session

Day of the week session is to be held: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ am/pm

Location of first bingo session:

\_\_\_\_\_  
Name of building (also include the commonly used name of the building)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
County Telephone

\_\_\_\_\_  
Facility contact person at this location

Does the Organization own this facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No,' please provide a signed lease agreement.

### Second Bingo Session (Complete only if different than First Bingo Session)

Day of the week session is to be held: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ am/pm

Location of second bingo session:

\_\_\_\_\_  
Name of building (also include the commonly used name of the building)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
County Telephone

\_\_\_\_\_  
Facility contact person at this location

Does the Organization own this facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No,' please provide a signed lease agreement.

11b. Will your organization sell charity game tickets (pulltabs) during their bingo session?

☐ Yes ☐ No

12. Does your organization wish to sell pulltabs at any times other than a bingo session, special limited charity fundraising event or charity fundraising event? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, continue with Question 13.

Day(s) of the week pulltabs will be sold: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ am/pm Ending Time: \_\_\_\_\_ am/pm

Location that pulltabs will be sold:

\_\_\_\_\_  
Name of Building (also include the commonly used name of the building)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

( )

\_\_\_\_\_  
County Telephone

\_\_\_\_\_  
Facility Contact Person at This Location

Does the Organization own this facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No,' please provide a signed lease agreement.

13. Does your organization wish to conduct a raffle at any other time than a bingo session, special limited charity fundraising event or charity fundraising event? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, continue with Question 14.

Day(s) of the week raffle drawing will occur: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Location that raffle drawing will occur:

\_\_\_\_\_  
Name of Building (also include the commonly used name of the building)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

( )

\_\_\_\_\_  
County Telephone

\_\_\_\_\_  
Facility Contact Person at This Location

Does the Organization own this facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No,' please provide a signed lease agreement.

(Attach additional sheets, if necessary)

14. Does your organization wish to conduct non-cash prize wheel games where the non-cash prize does not exceed \$100 at any other time other than a bingo session, special limited charity fundraising event or charity fundraising event?

If no, continue with Question 15.

Day(s) of the week non-cash prize wheel game will occur: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm

Location that non-cash prize wheel game will occur:

\_\_\_\_\_  
**Name of Building** (also include the commonly used name of the building)

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**County**

( )  
\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Facility Contact Person at This Location**

**Does the Organization own this facility?**      Yes \_\_\_\_\_      No \_\_\_\_\_

If 'No,' please provide a signed lease agreement.

**In order to conduct a special limited charity fundraising event or charity fundraising event, please complete form CG-Schedule-A as required by 820 KAR 1:055.**

## CEO/CFO INFORMATION

15.

### Chief Executive Officer

### Chief Financial Officer

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

#### Mailing Address

#### Mailing Address

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

\_\_\_\_\_  
County Zip Code

( ) ( )  
Telephone (Day) Telephone (Eve)

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

/ / - -  
DOB SSN

#### Physical Address

(If different from above)

#### Physical Address

(If different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

\_\_\_\_\_  
County Zip Code

NOTE: THE ABOVE-LISTED OFFICERS ARE SUBJECT TO A STATE AND FEDERAL CRIMINAL HISTORY CHECK WHICH MAY REQUIRE FINGERPRINTING. IF NEEDED, ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU.



## OTHER OFFICER INFORMATION

16. Provide the following information for all other Officers not listed in *Question 17* above:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Mailing Address

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

### Physical Address (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Mailing Address

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

### Physical Address (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

16. (Continued)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

( ) ( )  
\_\_\_\_\_  
Telephone (Day) Telephone (Eve)

/ / - -  
\_\_\_\_\_  
DOB SSN

**Physical Address**  
(If different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

( ) ( )  
\_\_\_\_\_  
Telephone (Day) Telephone (Eve)

/ / - -  
\_\_\_\_\_  
DOB SSN

**Physical Address**  
(If different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

(Attach additional sheets, if necessary.)

## GAMING CHAIRPERSON INFORMATION

17. Provide the following information for designated Gaming Chairpersons who will be involved in the management and supervision of Charitable Gaming. You must list at least two (2) persons other than the Chief Executive Officer of the organization.

Name: \_\_\_\_\_

☐ Employee      ☐ Member

If **employee**, please provide the job title or position held and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mailing Address

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

### Physical Address (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

Name: \_\_\_\_\_

☐ Employee      ☐ Member

If **employee**, please provide the job title or position held and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mailing Address

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

### Physical Address (If different from above)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

NOTE: OFFICERS AND CHAIRPERSONS ARE SUBJECT TO A STATE AND FEDERAL CRIMINAL HISTORY CHECK WHICH MAY REQUIRE FINGERPRINTING. IF SO, ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU.

17. (Continued)

Name: \_\_\_\_\_

☐ Employee ☐ Member

If **employee**, please provide the job title or position held and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

**Physical Address**  
(If different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

Name: \_\_\_\_\_

☐ Employee ☐ Member

If **employee**, please provide the job title or position held and describe regular job duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_  
Street/PO Box

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

( ) ( )  
Telephone (Day) Telephone (Eve)

/ / - -  
DOB SSN

**Physical Address**  
(If different from above)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State

\_\_\_\_\_  
County Zip Code

**DISTRIBUTOR INFORMATION**

18. List the Distributors that will be utilized for purchasing gaming supplies and equipment. (pursuant to KRS 238.530).

\_\_\_\_\_  
Distributor Name

DIS -  
\_\_\_\_\_  
KY License Number

\_\_\_\_\_  
Distributor Name

DIS -  
\_\_\_\_\_  
KY License Number

\_\_\_\_\_  
Distributor Name

DIS -  
\_\_\_\_\_  
KY License Number

\_\_\_\_\_  
Distributor Name

DIS -  
\_\_\_\_\_  
KY License Number

**TAX INFORMATION AUTHORIZATION**  
(Please Type or Print)

**TAXPAYER INFORMATION:**

**Taxpayer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Employer Identification Number:** \_\_\_\_\_

**Taxpayer Telephone Number:** \_\_\_\_\_

**Type of License Applied For:** \_\_\_\_\_

**Tax Period (Year):** \_\_\_\_\_ **TAX YEAR** ☐

This **Tax Information Authorization** allows the Internal Revenue Service to disclose Federal Tax Information, as necessary, with respect to all gaming/gambling activities conducted by the Organization for the period(s) indicated above to the Kentucky State Police and the Environmental & Public Protection Cabinet, Office of Charitable Gaming. The communications authorized include both written as well as oral representation by and between these agencies. These communications include but are not limited to tax or information matters relating to the filing of Forms 990, 990-T, 940, 941, 945, 1120, 730 and 11-C for the above tax period.

If signed by a corporate officer, partner, guardian, executor, receiver, administrator or trustee, I certify that I have the authority to execute this form with respect to the tax matters/period covered.

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Printed Officer's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Financial Officer

\_\_\_\_\_  
Printed Officer's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**BOTH SIGNATURES ARE REQUIRED**

This authorization is provided with the understanding the Federal Tax Information will be used only for the intended purposes by officers and employees of the agency with an official need for the information in the performance of their official duties. This authorization remains valid unless revoked by the taxpayer by the mailing of a copy of this authorization to the address indicated below. Notice of any revocation of this authorization will be forwarded to the indicated agencies described above.

INTERNAL REVENUE SERVICE  
PO BOX 13163, ROOM 624  
BALTIMORE, MARYLAND 21203  
PH: (410) 962-3063 FAX: (410) 962-0132

**PURSUANT TO KRS 238.525(6), YOU MUST NOTIFY THE DEPARTMENT OF CHARITABLE GAMING, IN WRITING, OF ANY CHANGE IN THE INFORMATION PROVIDED IN THIS APPLICATION WITHIN THIRTY (30) DAYS OF THE DATE THE CHANGE OCCURRED.**

**CERTIFICATION (BY AN OFFICER)**

I certify, under penalty of perjury, that I am an Officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including any accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Mail completed original application (including all required attachments), together with the \$25.00 processing fee made payable to "Kentucky State Treasurer" to:

**COMMONWEALTH OF KENTUCKY  
PUBLIC PROTECTION CABINET  
DEPARTMENT OF CHARITABLE GAMING  
DIVISION OF LICENSING & COMPLIANCE  
132 BRIGHTON PARK BOULEVARD  
FRANKFORT, KY 40601**

If you need assistance completing this application, please call the Licensing Branch at (502) 573-5528 or Toll-free in Kentucky, (800) 729-5672.

Visit our website at: <http://www.dcg.ky.gov>

**Checklist:**

- ☐ Attached signed tax authorization must be signed by CEO & CFO
- ☐ Attached lease (if applicable)
- ☐ Enclosed \$25 processing fee
- ☐ All blanks are completed
- ☐ Enclosed evidence of tax-exempt status

**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETE.**